

SENIOR EXECUTIVE SERVICE (SES) RECERTIFICATION

(This form is to be used with the OSD Senior Executive Service Handbook, Chapter 11)

1. RECERTIFICATION PERIOD a. FROM July 1, _____ b. TO June 30, _____		2. NAME OF CAREER APPOINTEE IN THE SES <i>(Last, First, Middle Initial)</i>																	
3. CURRENT PAY RATE ES-	4. POSITION TITLE AND ORGANIZATION																		
5. STANDARD FOR RECERTIFICATION <p>The career appointee in the Senior Executive Service must perform at the level of excellence expected of a senior executive. Excellence means that the appointee has demonstrated over the recertification period that he or she has achieved excellence in:</p> <p>a. PLANNING FOR, SUBSTANTIALLY ADVANCING AND ATTAINING, PRESIDENTIAL, AGENCY, OR ORGANIZATIONAL GOALS AND OBJECTIVES THAT REQUIRED A SUSTAINED SUPERIOR EFFORT;</p> <p>b. TAKING SPECIFIC INITIATIVES THAT ADVANCE A MAJOR POLICY AND/OR SIGNIFICANTLY IMPROVED DELIVERY OF SERVICES;</p> <p>c. TAKING THE NECESSARY ACTIONS TO ENSURE THE ACHIEVEMENT OF A QUALITY PRODUCT IN A TIMELY MANNER; AND</p> <p>d. MAKING SIGNIFICANT TECHNICAL, SCIENTIFIC, OR PROFESSIONAL CONTRIBUTIONS. If applicable to the responsibilities of the appointee, he or she must also demonstrate that he or she has achieved excellence in:</p> <p><i>(Check which apply)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">APPLIES:</th> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 5%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>e. ACHIEVING SUBSTANTIAL SAVINGS IN THE EXECUTION OF PROGRAMS UNDER HIS OR HER DIRECTION;</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. MAINTAINING THE HIGH QUALITY AND EFFECTIVENESS OF A PROGRAM UNDER HIS OR HER DIRECTION WITH REDUCED RESOURCES; AND/OR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. PROVIDING STRONG LEADERSHIP TO ENHANCE THE DEVELOPMENT, UTILIZATION AND ACHIEVEMENTS OF SUBORDINATE PERSONNEL, INCLUDING ACHIEVEMENT OF EQUAL EMPLOYMENT OPPORTUNITY GOALS.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					APPLIES:	Yes	No	e. ACHIEVING SUBSTANTIAL SAVINGS IN THE EXECUTION OF PROGRAMS UNDER HIS OR HER DIRECTION;				f. MAINTAINING THE HIGH QUALITY AND EFFECTIVENESS OF A PROGRAM UNDER HIS OR HER DIRECTION WITH REDUCED RESOURCES; AND/OR				g. PROVIDING STRONG LEADERSHIP TO ENHANCE THE DEVELOPMENT, UTILIZATION AND ACHIEVEMENTS OF SUBORDINATE PERSONNEL, INCLUDING ACHIEVEMENT OF EQUAL EMPLOYMENT OPPORTUNITY GOALS.			
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6. FACTORS TO BE CONSIDERED IN DETERMINING IF CAREER APPOINTEE MEETS STANDARD																			
a. PERFORMANCE RATINGS			* _____																
b. PERFORMANCE AWARDS			* _____																
*To be entered after the final determination by the deciding official.																			
c. PRESIDENTIAL RANK AWARDS	DISTINGUISHED _____	MERITORIOUS _____																	
d. OTHER AWARDS AND RECOGNITION																			
e. DEVELOPMENTAL ACTIVITIES																			

f. OTHER RELEVANT QUALITATIVE FACTORS *(If in written policy)*

The following recommendations/determinations are based on an assessment of the career appointee's overall performance during the recertification period in relation to the Standard for Recertification required by law, regulation and OSD and Defense Agency written procedures; preceding recommendations and justifications; and appointee's attachments.

7. SUPERVISOR'S RECOMMENDATION *(X as applicable)*

a. RECERTIFY	b. CONDITIONALLY RECERTIFY Lower Pay:	Yes	No	c. NOT RECERTIFY
d. IF APPROPRIATE: JUSTIFICATION ATTACHED				
e. SIGNATURE				f. DATE (YYYYMMDD)

8. CAREER APPOINTEE'S ACKNOWLEDGEMENT. I RECEIVED A COPY OF MY SUPERVISOR'S RECOMMENDATION. *(X as applicable)*

a.	I DO	DO NOT WANT A SECOND-LEVEL REVIEW.
b.	I DO	DO NOT WISH TO SUBMIT A STATEMENT.
c. IF STATEMENT WAS MADE, IS IT ATTACHED?		Yes No
d. SIGNATURE		e. DATE (YYYYMMDD)

9. REVIEWING OFFICIAL'S RECOMMENDATION *(X as applicable)*
(If the reviewing official is the same person as in Item 7, do not complete Item 9.)

a. RECERTIFY	b. CONDITIONALLY RECERTIFY Lower Pay:	Yes	No	c. NOT RECERTIFY
IF APPROPRIATE:	d. JUSTIFICATION ATTACHED	e. APPOINTEE RESPONSE ATTACHED		
f. SIGNATURE				g. DATE (YYYYMMDD)

10. PERFORMANCE REVIEW BOARD RECOMMENDATION *(X as applicable)*

a. RECERTIFY	b. CONDITIONALLY RECERTIFY Lower Pay:	Yes	No	c. NOT RECERTIFY
IF APPROPRIATE:	d. JUSTIFICATION ATTACHED	e. APPOINTEE RESPONSE ATTACHED		

(Signature and date will be on cover memorandum.)

11. DECIDING OFFICIAL'S DETERMINATION *(X as applicable)*

a. RECERTIFY	b. CONDITIONALLY RECERTIFY Lower Pay:	Yes	No	c. NOT RECERTIFY
d. IF APPROPRIATE: JUSTIFICATION ATTACHED				
e. SIGNATURE				f. DATE (YYYYMMDD)